

# Foster Family Home - Corrective Action Report

Provider ID: 1-631293

Home Name: Melanie Ramiro, CNA

Review ID: 1-631293-6

94-1116 Huakai Street

Reviewer: David Ayling

Waipahu

HI 96797

Begin Date: 2/21/2020

Foster Family Home

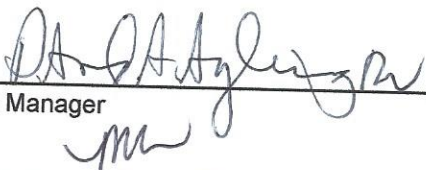
Required Certificate


[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Annual Home inspection for a 3 person CCFFH.  
Completed annual review. No deficiencies.

  
Compliance Manager

  
Primary Care Giver

  
Date

  
Date